

State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2006 ANNUAL REPORTS RECEIVED AFTER THE DUE DATE

WILL BE ASSESSED A LATE FEE.

Filed Date Filed: 03/16/2006 Business ID: 488676 William M. Gardner Secretary of State

IT'S ALL GOING TO BURN, FIREWOOD & LOGGING, LLC
326 MASON RD
MILFORD, NH 03055

11 5 ALL GOING TO BURN, FIREWOOD & LOGGING, LLC				ADDRESS OF PRINCIPAL OFFICE:		
	326 MASON RD MILFORD , NH 03055			326 MASON RD		
IVII	LFORD, NH 03055			MILFORD, NH 03055		
	ENTITY TYPE:	LLC	1			
	BUSINESS ID: 488676			REGISTERED AGENT AND	OFFICE:	
	STATE OF DOMICILE: NEW HAMPSHIRE			ROBERT SUNDSTROM		
	FEDERAL ID: 000000000			326 MASON RD		
	FIREWOOD SALES AND LOGGING			MILFORD, NH 03055		
				MILI SILD JIM SUCC		
	If changing the mailing or pri	ncipal office address, please c	theck the appi	ropriate box and fill in the necessa	ry information.	
2	The new mailing address	, <u>r</u>		.	- J	
-	The new principal office address					
	PO Box is acceptable.					
	MANAGERS			MEMBERS		
	MANAGERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).			NIENIDERS ND BUSINESS ADDRESS (P.O. E	BOX ACCEPTABLE).	
	LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A			<u>LIST AT LEAST ONE MEMBER BELO</u>		
	MANA. ROBERT SUNDSTROM		NAME			
	STREET 326 MASON ROAD					
	CITY/STATE/ZIP MILFORD NH 03055			TE/ZIP		
	NAME	NAME				
3	STREET	STREET				
	CITY/STATE/ZIP	CITY/STA	TE/ZIP			
	NAME		NAME			
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	CITY/STATE/ZIP		CITY/STA	TE/ZIP		
	NAME		NAME			
	STREET		STREET			
	CITY/STATE/ZIP CITY/STATE/ZIP			TE/ZIP		
	NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE AT					
	To be signed by the manager, if no manager, must be signed by a men I, the undersigned do hereby Certify that the statements on this report are true to the best of my int				1 1 11 11 0	
	I, the undersigned do hereby Certif	y that the statements on this i	report are true	to the best of my information, know	owledge and belief.	
4						
	Sign here:	ROBERT SUNDSTROM				
	Please print name and title of signer:	ROBERT SUNDSTROM		1	MANAGER	
		JAME		1	TITLE	
	3	[00000003				
	FEE DUE: \$100.00	E-MAIL ADDRESS	S (OPTIONA)	L):		



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: